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	Applicant: John T. Chapman	
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Examiner Initial	No.	Document No.	Publication Date	Country or Patent Office	Class	Sub- class	Translation	
							Yes	No

Other Documents

Examiner Initial	No.	Author, Title, Date, Place (e.g. Journal) of Publication
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Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.